



2681  
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PATENT

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Clark A. Puntigam  
Name

Clark A. Puntigam  
Signature

Dec. 9, 2004

Date of Signature

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Drucker, Elliott H. et al  
Serial No.: 09/970,614  
Filed: October 4, 2001  
Title: WIRELESS INTERACTIVE TRANSACTION SYSTEM  
Art Unit: 2681  
Examiner: Julio R. Perez

Commissioner for Patents  
P.O. BOX 1450  
Alexandria, VA 22313-1450

SUBMITTAL OF REVOCATION AND POWER OF ATTORNEY  
WITH NEW POWER OF ATTORNEY

Dear Sir:

Enclosed are three Revocation and New Power of Attorney forms for the above-identified patent application, signed by each of the inventors.

Please address all further correspondence relating to this application to:

Clark A. Puntigam  
JENSEN & PUNTIGAM, P.S.  
2033 6th Avenue Suite 1020  
Seattle, WA 98121

Respectfully submitted  
JENSEN & PUNTIGAM, P.S.

By Clark A. Puntigam  
Clark A. Puntigam, #25,763  
Attorney for Applicants

CAP:gh  
Enclosures: Forms (3), Postcard

PHONE: 206-448-3200  
FAX: 206-441-5514  
E-mail: clark@jensenpuntigam.com



PTO/SB/82 (09-03)

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**REVOCATION OF POWER OF  
ATTORNEY WITH  
NEW POWER OF ATTORNEY  
AND  
CHANGE OF CORRESPONDENCE ADDRESS**

Application Number	09/970,614
Filing Date	October 4, 2001
First Named Inventor	Drucker, E.
Art Unit	2681
Examiner Name	Julio R. Perez
Attorney Docket Number	1074-1

**I hereby revoke all previous powers of attorney given in the above-identified application.**☐ A Power of Attorney is submitted herewith.**OR**☒ I hereby appoint the practitioners associated with the Customer Number: 030621☒ Please change the correspondence address for the above-identified application to:☒ The address associated with  
Customer Number:

030621

**OR**

<input type="checkbox"/> Firm or Individual Name	Clark A. Puntigam, Jensen & Puntigam, P.S.				
Address	2033 6th Ave, #1020				
Address					
City	Seattle	State	WA	Zip	98121
Country	US	E-mail:	clark@jensenpuntigam.com		
Telephone	206-448-3200	Fax	206-441-5514		

**I am the:**☒ Applicant/Inventor.☐ Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)**SIGNATURE of Applicant or Assignee of Record**

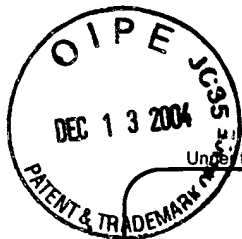
Name	Elliott H. Drucker		
Signature	Elliott H. Drucker		
Date	Oct. 14, 2004	Telephone	425-820-3411

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☒ \*Total of 3 forms are submitted.

This collection of information is required by 37 CFR 1.36. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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PTO/SB/82 (09-03)

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Art Unit	2681
Examiner Name	Julio R. Perez
Attorney Docket Number	1074-1

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Customer Number:**OR**

<input type="checkbox"/> Firm or Individual Name	Clark A. Puntigam, Jensen & Puntigam, P.S.				
Address	2033 6th Ave. #1020				
Address					
City	Seattle	State	WA	Zip	98121
Country	US	E-mail:	clark@jensenpuntigam.com		
Telephone	206-448-3200	Fax	206-441-5514		

I am the:

☒ Applicant/Inventor.☐ Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)**SIGNATURE of Applicant or Assignee of Record**

Name	Douglas C. Fleming		
Signature			
Date	6/30/04	Telephone	775-910-9645

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

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**REVOCATION OF POWER OF  
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OR

☒ I hereby appoint the practitioners associated with the Customer Number: 030621

☒ Please change the correspondence address for the above-identified application to:

☒ The address associated with  
Customer Number:

030621

OR

<input checked="" type="checkbox"/> Firm or Individual Name	Clark A. Puntigam, Jensen & Puntigam, P.S.				
Address	2033 6th Ave. #1020				
Address					
City	Seattle	State	WA	Zip	98121
Country	USA	E-mail: clark@jensenpuntigam.com			
Telephone	206-448-3200	Fax	206-441-5514		

I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/88)

**SIGNATURE of Applicant or Assignee of Record**

Name	Martin Zivin		
Signature			
Date	11/1/04	Telephone	847-882-5679

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☒ Total of 3 forms are submitted.

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